

 You replied on 2/5/2009 4:37 PM.

Cheng, Joseph

From: Fessler, MD, PhD, Richard [RFessler@nmff.org] **Sent:** Thu 2/5/2009 2:53 PM
To: Resnick (Daniel); Katie O. Orrico; Shaffrey, Chris I *HS; Cheng, Joseph; Przybylski Gregory (GPrzybylski@solarishs.org)
Cc: Cathy Hill; jandchill@aol.com
Subject: RE: AANS input on SURG.00071 PercEndoSpinSurg - nophi
Attachments:

I completely agree with your comments, Dan. I also bill these with the same codes as open surgeries. I think your thoughts on not making separate codes for MIS are right on target. But we need to be sure the real MIS procedures don't get killed along with the APLD and laser procedures.

Rick

From: Resnick (Daniel) [resnick@neurosurg.wisc.edu]
Sent: Thursday, February 05, 2009 2:46 PM
To: Fessler, MD, PhD, Richard; Katie O. Orrico; Shaffrey, Chris I *HS; 'Cheng, Joseph'; Przybylski Gregory (GPrzybylski@solarishs.org)
Cc: Cathy Hill; jandchill@aol.com
Subject: RE: AANS input on SURG.00071 PercEndoSpinSurg - nophi

Rick makes several excellent points in his review of the Wellpoint policy, the most important one being the "apples and oranges" statement. I would suggest that we focus our efforts on explaining why a MIS TLIF has nothing to do with an APLD and should be thought of as a TLIF first and MIS second.

Forgive my ignorance, but are surgeons billing separately for MIS techniques in addition to the TLIF codes? I bill open and MIS TLIF's the same thinking that it's the same operation. If I choose to do it with MIS techniques, my hospital is happy because people go home faster and they make more money from the DRG but it doesn't effect my payment from insurers.

Do we really need a code for MIS spine surgery and would it not be a good thing to let these APLD's, laser discectomies, and other minimally effective procedures fall to the wayside?

Daniel K. Resnick MD, MS
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 Chair, AANS/CNS Joint Section on Disorders of the Spine

From: Fessler, MD, PhD, Richard [RFessler@nmff.org]
Sent: Wednesday, February 04, 2009 9:06 PM
To: Katie O. Orrico; Resnick (Daniel); Shaffrey, Chris I *HS; 'Cheng, Joseph'; Przybylski Gregory (GPrzybylski@solarishs.org)
Cc: Cathy Hill; jandchill@aol.com
Subject: RE: AANS input on SURG.00071 PercEndoSpinSurg - nophi

This analysis is an attempt to judiciously evaluate the efficacy of "percutaneous" spine procedures compared to traditional open procedures. It suffers from several flaws. First, the authors of this manuscript clearly are not thoroughly familiar with spine surgery, and certainly not familiar with the more current technologies. As a result, they confuse the now antiquated APLD and laser discectomy, with more current MIS techniques such as MED and the variety of operations which have evolved out of that technique. In calling all of these techniques "percutaneous endoscopic", and not distinguishing between them, they compare "apples to oranges" and create meaningless conclusions. In addition, this makes their very definition of percutaneous surgery inaccurate and not encompassing of the variety of procedures now available.

Second, the majority of their references are more than a decade old, and do not reflect current practice. Once again, concluding that current techniques such as MIS TLIF are not supported in the literature because of 1980's APLD references is erroneous. It results in ignoring and denying real improvements in patient care.

Third, the authors of this analysis only focus on whether pain scores were improved by the techniques. They ignore EBL, LOS, post-operative pain and pain medication, RTW, stress response, complications, and the variety of other intra- and post-operative measures which we know to be improved in the more current techniques.

Fourth, they are, once again, trying to argue that only level one data is worth looking at in an analysis of surgical evidence based medicine. The bottom line, however, is that because of the cost, uncontrollable variables, and the very "nature" of surgical care vs (eg) drug therapy, this data is just not feasible to collect in level one studies with enough "power" to qualify as class one data. For example, who is going to pay 11 million dollars/study to analyze each and every surgical procedure that we perform? The reality is, this just isn't going to happen, and we have to do the best we can with level 3 data.

As a result, I find this analysis useless and misleading. As it reads, it will kill surgical progress, and harm patient care. The authors need to distinguish current MIS procedures done through tissue sparing techniques from the APLD and laser procedures. They also need to get someone who knows something about spine surgery to participate in their analysis.

I will include a few of my personal references which can be forwarded to them in our comments. Perhaps the other MIS surgeons getting this note can do the same. I would recommend getting references from Kevin Foley, Rob Isaacs, Larry Khoo, Jim Schwender as well.

Rick Fessler

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From: Katie O. Orrico [korrico@neurosurgery.org]

Sent: Wednesday, February 04, 2009 6:49 PM

To: Dr. Resnick; Shaffrey, Chris I *HS; 'Cheng, Joseph'; Przybylski Gregory (GPrzybylski@solarishs.org); Fessler, MD, PhD, Richard

Cc: Cathy Hill; jandchill@aol.com

Subject: FW: AANS input on SURG.00071 PercEndoSpinSurg - nophi

Okay... IT IS ENDLESS. Joe, I hope that there is nothing going on at CPT this weekend and you can have a good time looking at all of these with Cathy!

The time frames are ridiculous... particularly given the fact that these are all spine issues and we have to look to the same people for input and review.

Your thoughts?

Katie O. Orrico, Director

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From: Technology-Compendium-Wellpoint(Shared Mailbox) [mailto:Technology-Compendium@wellpoint.com]
Sent: Wednesday, February 04, 2009 6:37 PM
To: Katie O. Orrico
Subject: AANS input on SURG.00071 PercEndoSpinSurg - nophi

To: Katie O. Orrico, Director Washington Office, American Association of Neurological Surgeons/Congress of Neurological Surgeons

The WellPoint Office of Medical Policy & Technology Assessment (OMPTA) is currently seeking input on the topic of SURG.00071 **Percutaneous and Endoscopic Spinal Surgery**. We would like to give **board-certified physicians** from your organization the opportunity to provide feedback regarding this topic. **The draft policy and a questionnaire** are attached for your input.

We would appreciate receiving your review and comments **on or before March 4, 2009**. If a response cannot be submitted by March 4, we still want to hear from you. You may contact Barbara Brown at Technology.Compendium@WellPoint.com to confirm the extension you would like to submit your response.

Thank you for your collaboration in the process. We are committed to taking into account the view of physicians practicing in relevant clinical areas along with other sources, such as the peer-reviewed published medical literature, technology assessments, evidence-based consensus statements, and evidence-based guidelines from nationally recognized professional medical specialty societies, when developing medical policies. While the various physician specialty societies may collaborate with and make recommendations during this process, through the provision of appropriate reviewers, we understand the input received does not represent an endorsement or position statement by the physician specialty society, unless otherwise noted.

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Thank you!

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